

**STATE OF MINNESOTA
IN COURT OF APPEALS
A19-1484**

In the Matter of the Civil Commitment of:

Lindsay Evan Breault.

**Filed March 9, 2020
Affirmed
Jesson, Judge**

Scott County District Court
File No. 70-PR-19-13489

James P. Conway, Nicole A. Raebel, Jaspers, Moriarty & Wetherille, P.A., Shakopee, Minnesota (for appellant Lindsay Evan Breault)

Ronald Hocevar, Scott County Attorney, Todd P. Zettler, Jody Kieser Kisting, Assistant County Attorneys, Shakopee, Minnesota (for respondent Scott County)

Considered and decided by Jesson, Presiding Judge; Ross, Judge; and Smith, John, Judge.*

S Y L L A B U S

A patient's recent, inconsistent compliance with taking prescribed neuroleptic medication as treatment for a mental illness provides a district court with a sufficient basis to conclude that the patient "refuses to consent to treatment with neuroleptic medications" under Minnesota Statutes section 253B.092, subdivision 8(a) (2018).

* Retired judge of the Minnesota Court of Appeals, serving by appointment pursuant to Minn. Const. art. VI, § 10.

OPINION

JESSON, Judge

Civil commitment patient Lindsay Evan Breault challenges a district court order authorizing medical staff to involuntarily administer neuroleptic medication to her. Breault argues that Minnesota Statutes section 253B.092, subdivision 8 (2018) requires the district court to find that a patient is currently refusing medication before it can authorize involuntary administration. Alternatively, Breault contends that the district court's finding that a reasonable person in her position would consent to treatment with neuroleptic medication is not supported by the record. Because we conclude that the district court correctly applied the law and because the record supports its findings, we affirm.

FACTS

Appellant Lindsay Evan Breault has a history of mental illness, which led to civil commitment on two prior occasions.¹ Breault's current commitment began in August 2019 when police responded to a call that Breault threatened to harm her child with a rubber mallet. Upon arrival at her residence, police observed Breault "speaking nonsensically" and describing hallucinations. Following this encounter, Breault was admitted to the hospital.

At the hospital, Breault was "delusional" and "acutely psychotic and paranoid." Based on her symptoms, doctors provisionally diagnosed her with paranoid schizophrenia

¹ Breault's previous civil commitments occurred in Scott County in 2012 and 2013.

and recommended neuroleptic medication to treat her condition.² But Breault refused the medication.

Roughly one week after her admission to the hospital, a petition was filed seeking Breault’s civil commitment. Simultaneously, respondent Scott County sought a court order authorizing the involuntary administration of the prescribed neuroleptic medication. About two weeks later, the district court held a hearing on the petition. At the hearing, which Breault did not attend, the court heard testimony from the physician tasked with examining Breault.³ His testimony focused on three topics: Breault’s compliance with taking the prescribed neuroleptic medication, her past experiences with neuroleptic drugs, and the benefits and risks of the medication.

Beginning with Breault’s medication compliance, the physician explained that when he drafted his report, Breault was not taking medication. However, he stated that he had since learned that in the three days before the hearing, which was held on August 22, 2019, Breault was taking the prescribed medication. But the physician also indicated that he was unsure of Breault’s exact level of compliance, testifying, “[w]ell, I know that she refused medications when she initially came in. I don’t know what her compliance has been since August 15.”

² Certain terms—including “neuroleptic,” “major tranquilizer,” “psychotropic” and “antipsychotic”—are used interchangeably to describe a class of drugs that result in sedation of the nervous system. *Jarvis v. Levine*, 418 N.W.2d 139, 140 n.1 (Minn. 1988). Because the applicable statute uses “neuroleptic” to refer to this class of drugs, we use that term throughout this opinion. See Minn. Stat. § 253B.092 (2018).

³ At the beginning of his testimony, the doctor explained that he tried to interview Breault, but she refused to meet with him. As a result, he relied on written records to make his recommendation.

The physician then turned to Breault's past experiences with neuroleptic medication. Based on his review of available medical records, he testified that there was no indication that Breault suffered negative side effects from neuroleptic medication. But the physician informed the court that he did not have Breault's records from past hospitalizations. And while the physician knew Breault was previously hospitalized, he admitted that he did not know if she was prescribed neuroleptic medication. But he assumed doctors prescribed neuroleptic medication for Breault in the past based on her documented medical condition.

Finally, the physician addressed the benefits and risks associated with the prescribed medication, Invega. He testified that the drug has relatively few side effects. Although the drug can cause weight gain and tardive dyskinesia,⁴ the physician explained that there was no evidence Breault suffered from that condition. Further, the physician noted that taking the drug could make less-invasive forms of treatment appropriate in the future. In the physician's professional opinion, Breault could remain in a psychotic state for a prolonged—if not indefinite—time period if she did not take the medication. He therefore opined that the benefits of taking the prescribed drug outweighed the risk of harm.

Along with the physician's testimony, the district court took judicial notice of the reports authored by the civil commitment examiner and the guardian ad litem. Both reports recommended civil commitment and a court order authorizing involuntary administration of Breault's medication. Each report focused on Breault's inconsistent compliance with

⁴ Tardive dyskinesia is a neurological condition characterized by involuntary movements. *Jarvis*, 418 N.W.2d at 146.

taking the prescribed medication, noting that during the hospitalization, Breault's behavior ranged from adamant refusal of medication to compliance.

After the hearing, the district court found by clear and convincing evidence that Breault has a mental illness and committed her as mentally ill. Additionally, finding that Breault lacked capacity to make decisions regarding treatment with neuroleptic medication, the court issued an order authorizing its involuntary administration. Breault appeals, contesting only the court's authorization of involuntary administration of neuroleptic medication.

ISSUES

- I. Is this appeal moot because Breault asserts that she will voluntarily take the prescribed medication?
- II. Before authorizing the involuntary administration of neuroleptic medication under Minnesota Statutes section 253B.092, subdivision 8, must the district court find that a patient is currently refusing those medications at the time of the hearing?
- III. Does the record support the district court's finding that a reasonable person in Breault's position would consent to treatment with neuroleptic medication?

ANALYSIS

Before civilly committing an individual based on mental illness, a court must first find that clear and convincing evidence proves that the patient is mentally ill. Minn. Stat. § 253B.09, subd. 1(a) (2018). If the patient is mentally ill and no suitable alternative to judicial commitment exists, the court "shall commit the patient to the least restrictive

treatment program or alternative programs which can meet the patient's treatment needs.”⁵
Id.

The court's involvement does not end upon a patient's commitment.⁶ Often, doctors recommend neuroleptic medication as a form of treatment for patients committed as mentally ill. That medication can have serious negative side effects including tardive dyskinesia and metabolic syndrome. Steven K. Erickson et al., *Legal Fallacies of Antipsychotic Drugs*, 35 J. Am. Acad. Psychiatry Law 235, 238 (2007); *see also Jarvis*, 418 N.W.2d at 146 (describing tardive dyskinesia). But neuroleptic medication often improves cognitive functioning—including memory, attention, and executive functioning—in many individuals with certain types of mental illness. Erickson, *supra*, at 242. And essentially, these medications may reduce psychotic symptoms, such as hallucinations, delusions, and thought disorganization. *See id.*

Although patients are presumed to have capacity to make decisions about treatment with neuroleptic medication, when a patient either lacks capacity or refuses to consent, medical staff often seek judicial determinations related to the administration of that medication. *See* Minn. Stat. § 253B.092, subds. 5, 8. Minnesota law provides the path for doing so. It begins with the premise that court approval is necessary before medication can be administered involuntarily in nonemergency situations. *Id.*, subds. 3, 8(a). Determining

⁵ While this process can entail commitment to a state facility, less restrictive programs may also be available in the community. *See generally* Minn. Stat. § 253B.097 (2018).

⁶ In addition to decisions regarding the involuntary administration of medication, courts remain involved in the civil commitment process by reviewing 60 and 90-day treatment reports and deciding requests to extend a period of commitment or discharge a patient from commitment. *See* Minn. Stat. §§ 253B.12-.13, .17 (2018).

whether a patient has capacity to make decisions about neuroleptic medication is the first step in the court process. *Id.*, subd. 5. If a court finds that the patient has capacity, the patient's wishes must be followed. *Id.*, subds. 4, 8(d). If the patient lacks capacity, the court evaluates whether the patient expressed what they would do regarding neuroleptic medication "when the person had the capacity to make a reasoned decision." *Id.*, subd. 7(b). Again, if clearly expressed, the patient's wishes control. *Id.* But if the court does not have evidence of the wishes of a patient without capacity, it must evaluate what a reasonable person would do, considering the four factors detailed in the statute. *Id.*, subd. 7(c)(1)-(4). In cases where the court concludes that a patient lacks capacity and determines that a reasonable person would consent to treatment with neuroleptic medication, it may authorize the involuntary administration of the prescribed drug. *Id.*, subd. 8(e).

With this backdrop in mind, we turn to Breault's case. First, we address respondent's argument that this appeal is moot. Having concluded that it is not, we evaluate Breault's arguments. We begin by interpreting Minnesota Statutes section 253B.092, subdivision 8, concluding that a patient's recent, inconsistent compliance in taking prescribed neuroleptic medication is a sufficient basis to determine that the patient "refuses to consent to treatment with neuroleptic medications." Then, we evaluate the district court's findings regarding whether a reasonable person in Breault's position would consent to treatment with neuroleptic medication. Because the district court did not erroneously apply the law and because its findings of fact are supported by the record, we affirm.

I. A patient’s assurance of voluntary compliance with a prescribed neuroleptic medication regimen does not render moot a challenge to an order authorizing involuntary administration of that medication.

Before we turn to Breault’s arguments, we must address the threshold question of whether this appeal is moot, as respondent contends.⁷ According to respondent, Breault conceded that she lacked capacity to make medication decisions and indicated that she would voluntarily take neuroleptic medication. Because the district court’s order authorized the involuntary administration of medication that Breault alleged she would take voluntarily, respondent argues that no actual controversy exists, making this appeal moot.

An appeal is moot “when a decision on the merits is no longer necessary or an award of effective relief is no longer possible.” *Dean v. City of Winona*, 868 N.W.2d 1, 5 (Minn. 2015). Mootness is not “a mechanical rule” but rather a “flexible discretionary doctrine.” *Id.* at 4 (quotation omitted). We consider de novo whether an appeal is moot. *Verhein v. Piper*, 917 N.W.2d 96, 100 (Minn. App. 2018).

We begin our analysis by observing a fundamental truth: a difference exists between voluntarily choosing to take psychiatric medication and having that same medication forced upon you by the government. Indeed, we have recognized that “[i]nvoluntary medication of mentally ill people presents an issue of the highest concern in a civilized

⁷ Respondent first raised this issue during oral arguments to this court. Despite the failure to brief this issue, we nonetheless address it because “[a]s a constitutional prerequisite to the exercise of jurisdiction, we must consider the mootness question even if ignored by the parties.” *In re Schmidt*, 443 N.W.2d 824, 826 (Minn. 1989).

society. In recognition, the Minnesota courts and the legislature have surrounded this personal intrusion into one's liberty with a series of safeguards culminating in strict judicial review." *In re Peterson*, 446 N.W.2d 669, 673 (Minn. App. 1989), *review denied* (Minn. Dec. 1, 1989).

This strict judicial review began in 1976. In *Price v. Sheppard*, the Minnesota Supreme Court recognized that intrusive forms of psychiatric treatment implicate an individual's right to privacy. 239 N.W.2d 905, 910-11 (Minn. 1976). As a result, the supreme court adopted procedures to protect an unconsenting patient's rights when intrusive psychiatric treatment is contemplated. *Id.* at 912-13.

Roughly twelve years later, in *Jarvis*, the supreme court considered whether neuroleptic medications constituted an invasive form of treatment warranting the protections outlined in *Price*. 418 N.W.2d at 144, 146-47. In deciding this question, the supreme court held that the right to privacy guaranteed by Minnesota's constitution "begins with protecting the integrity of one's own body and includes the right not to have it altered or invaded without consent." *Id.* at 148. Consequently, the supreme court determined that the involuntary administration of neuroleptic medication amounts to an intrusive form of psychiatric treatment requiring the protections outlined in *Price*. *Id.* After *Jarvis*, in 1989, the legislature added a provision to the Minnesota Commitment Act detailing a judicial procedure for authorizing the involuntary administration of neuroleptic medication. *See In re Civil Commitment of Raboin*, 704 N.W.2d 767, 770 (Minn. App. 2005) (citing 1989 Minn. Laws ch. 282, art. 2, § 100). And later, in 1997, the legislature inserted Minnesota Statutes section 253B.092, replacing previous provisions in the act. *Id.* at 770 n.2.

With this caselaw in mind, we return to Breault's case. Regardless of Breault's assurance that she is taking or is willing to voluntarily take the prescribed medication, she is still subject to a court order. That court order authorizes medical staff to administer medication to her "orally or intramuscularly" for the duration of her commitment. And if based on an incorrect reading of the law or an incomplete factual record, that order is a serious infringement on Breault's bodily autonomy as protected by her right to privacy. The fundamental nature of Breault's right to privacy—based on her personal autonomy—is precisely why courts are entrusted with the authority to carefully consider whether involuntary administration of neuroleptic medication is warranted. *See Jarvis*, 418 N.W.2d at 147-48. That Breault may be voluntarily accepting the same medication authorized by the court order does not diminish her interest in protecting her right to privacy by avoiding an invasive treatment mandated by the government.

Here, an actual controversy exists: whether the district court properly authorized the *involuntary* administration of neuroleptic medication. And we are able to grant effective relief by reversing the district court's order, if warranted. Accordingly, this appeal is not moot. *See Dean*, 868 N.W.2d at 5.

II. A district court is not required to find that a patient is refusing neuroleptic medication at the precise time of the hearing before authorizing the involuntary administration of those medications under Minnesota Statutes section 253B.092, subdivision 8.

Breault first argues that the district court erroneously interpreted Minnesota Statutes section 253B.092, subdivision 8, which governs the procedure for authorizing involuntary administration of neuroleptic medication. According to Breault, the statute is ambiguous about what level of patient refusal is necessary to trigger the court's authority to order the involuntary administration of medication. Breault proposes that we construe the statute as requiring the district court to find that an individual is currently refusing medication before it may authorize involuntary administration of medication. To address Breault's argument we must interpret the relevant statute, a question of law which we consider *de novo*. *Lee v. Lee*, 775 N.W.2d 631, 637 (Minn. 2009).

The purpose of statutory interpretation is to determine the legislature's intent. Minn. Stat. § 645.16 (2018). The "best guide" to the legislature's intent is a statute's plain language. *Rodriguez v. State Farm Mut. Auto. Ins. Co.*, 931 N.W.2d 632, 634 (Minn. 2019). When examining the plain language of a statute, we construe "words and phrases according to rules of grammar and according to their common and approved usage." *Id.* (quotation omitted). "In addition, the meaning of a word is informed by how it is used in the context of a statute." *State v. Rogers*, 925 N.W.2d 1, 3 (Minn. 2019). Accordingly, "[w]e consider a statute as a whole" in order to "harmonize and give effect to all its parts." *Id.* (quotation omitted). If a statute's plain language is clear and unambiguous, then the legislature's intent is clear, and we apply the plain language. *Id.*

We now turn to the statute in question, Minnesota Statutes section 253B.092, subdivision 8(a). That subdivision, entitled “Procedure when patient refuses medication,” provides that “[i]f the substitute decision-maker or the patient *refuses to consent to treatment with neuroleptic medications* . . . neuroleptic medications may not be administered without a court order.” Minn. Stat. § 253B.092, subd. 8(a) (emphasis added). We must first determine whether the plain language of the phrase “the patient *refuses to consent to treatment with neuroleptic medications*” is ambiguous. *Am. Family Ins. Grp. v. Schroedl*, 616 N.W.2d 273, 277 (Minn. 2000). We conclude that it is not.

We begin with the word “refuses.” Because the statute uses the present-tense form of the verb “refuse,” it is clear that the statute contemplates recent refusal.⁸ The next question, then, is what must the patient refuse. And the statute provides the answer: “to consent to *treatment* with neuroleptic medications.” Reading this phrase as a whole, we conclude that the verb “refuses” must be interpreted in the context of refusing treatment. Accordingly, we shift our focus to the meaning of “treatment.”

The statute does not define treatment, so we turn to its dictionary definition to discern its plain meaning. *See In re Restorff*, 932 N.W.2d 12, 19 (Minn. 2019) (explaining that courts often use dictionary definitions to determine a statute’s plain meaning). “Treatment” is commonly understood to mean “[t]he use of an agent, procedure, or regimen, such as a drug, surgery, or exercise, in an attempt to cure or mitigate a disease, condition, or injury.” *The American Heritage Dictionary* 1850 (5th ed. 2011). This

⁸ For instance, a patient who has never—or rarely—expressed an unwillingness to comply with prescribed neuroleptic medication would not be subject to this statutory subdivision.

definition of treatment is broader than a patient’s decision to accept or refuse medication at a singular point in time. Indeed, treatment may—and often does—require engaging in ongoing behavior like following a medication regimen. Consistent with this understanding of treatment, we read the statute as permitting a district court to consider the totality of the recent circumstances surrounding a patient’s compliance with treatment involving a neuroleptic medication regimen. And when a patient refuses to follow a neuroleptic medication regimen as prescribed, it may be appropriate for a district court to authorize the involuntary administration of that medication.

Further, our reading of the statute is that the phrase “consent to treatment with neuroleptic medications” is necessarily broader than a different phrase the legislature could have chosen. By requiring that a patient refuse “to consent to *treatment* with neuroleptic medications” rather than requiring that a patient refuse “to *take* neuroleptic medications,” the statute encompasses broader conduct than refusal to take neuroleptic medication at a given moment. Consenting to treatment with a particular medication may often include complying with a medication regimen, which may require regular, consistent, or daily use of medication. Under our interpretation of the statute, a patient’s inconsistent compliance with a medication regimen provides the district court with a basis to conclude that he or she “refuses to consent to treatment with neuroleptic medications.”

Applying the plain meaning of the statute to Breault’s case, it is evident that Breault did not consistently comply with the neuroleptic medication treatment prescribed by her doctor. The record reflects a variety of behavior during Breault’s hospitalization, ranging from adamant refusal of medication to reluctant acceptance of it. But even acknowledging

this range of behavior, the record is clear that Breault refused medication on several occasions in the weeks preceding the hearing. Recognizing these varying levels of medication compliance, the district court found that Breault was “currently refusing administration of neuroleptic medication” or “not consistently accepting such treatment and cannot be relied upon to accept such treatment.” Because this finding is supported by the record and falls within the conduct contemplated by the statute, we affirm the district court’s order.⁹

Still, Breault argues that because the statute uses the word “refuses,” which is in the present tense, the district court must find that a patient is currently refusing medication before authorizing involuntary administration. We reject Breault’s proposed interpretation for two reasons. First, despite being written in the present tense, the statute does not use the words “current” or “currently” to modify a patient’s refusal. Because the statute omits those words, we cannot read them into “an unambiguous statute under the guise of statutory interpretation.” *328 Barry Ave., LLC v. Nolan Props. Grp., LLC*, 871 N.W.2d 745, 750 (Minn. 2015).

Second, even if we agreed that the statute is ambiguous, we would consider a number of statutorily identified factors to determine the legislature’s intent. Minn. Stat. § 645.16. One such factor is “the consequences of a particular interpretation.” *Id.* We observe that, practically speaking, Breault’s proposed interpretation is not workable.

⁹ Our interpretation of the statute is consistent with unpublished opinions from this court affirming orders authorizing the involuntary administration of neuroleptic medication where a patient may have been taking medication voluntarily at the time of the hearing.

If we interpret the statute to require a finding of current refusal at the time of a court hearing, a patient could simply refuse medication until the hearing, accept medication the day of the hearing in order to avoid a court order, and then resume refusal upon return to the hospital. This “revolving door” to the courthouse is not what the legislature intended. See Minn. Stat. § 645.17 (2018) (explaining that “the legislature does not intend a result that is absurd, impossible of execution, or unreasonable”). Accordingly, because it is contrary to the plain language of the statute and the legislature’s intent, we decline to adopt Breault’s proposed reading of the statute.

III. The record supports the district court’s finding that a reasonable person in Breault’s position would consent to treatment with neuroleptic medication.

In addition to her statutory argument, Breault also contends that clear and convincing evidence does not support the district court’s finding that a reasonable person in her position would consent to treatment with neuroleptic medication. Specifically, Breault argues that the district court did not have sufficient information to make a determination on three of the four statutorily identified reasonableness factors.¹⁰ See Minn. Stat. § 253B.092, subd. 7(c)(1)-(4). Because the decision whether to authorize the involuntary administration of neuroleptic medication implicates the fundamental liberty interests of privacy and bodily autonomy, “persons seeking to administer neuroleptic medications must prove by clear and convincing evidence that such medication is

¹⁰ Breault concedes that there was sufficient information regarding the second factor: the medical risks, benefits, and alternatives to the proposed treatment.

necessary.”¹¹ *Peterson*, 446 N.W.2d at 672; *see also Jarvis*, 418 N.W.2d at 146-48. We review the district court’s factual findings for clear error, considering “the record in the light most favorable to the findings of fact.” *In re Civil Commitment of Spicer*, 853 N.W.2d 803, 807 (Minn. App. 2014).

When a patient lacks capacity to make decisions about neuroleptic medication—a point Breault concedes—and evidence of the patient’s wishes is lacking, the district court must consider four factors to determine “what a reasonable person would do.” Minn. Stat. § 253B.092, subd. 7(c). Those four factors are:

- (1) the person’s family, community, moral, religious, and social values;
- (2) the medical risks, benefits, and alternatives to the proposed treatment;
- (3) past efficacy and any extenuating circumstances of past use of neuroleptic medications; and
- (4) any other relevant factors.

¹¹ At oral argument, respondent suggested that the applicable burden of proof is a preponderance of the evidence, pointing to Minnesota Statutes section 253B.092, subdivision 6(d). That subdivision details procedures relevant to determining a patient’s *capacity* to make informed decisions about neuroleptic medication. But neither subdivision 7, which describes the reasonableness factors, nor subdivision 8, which discusses involuntary administration, contain a burden-of-proof requirement. *See* Minn. Stat. § 253B.092, subds. 7-8. While this burden-of-proof issue has been raised but not decided in a recent unpublished decision, *see In re Sharp*, No. A19-0875, 2019 WL 5543962, at *3 n.1 (Minn. App. Oct. 28, 2019), *review denied* (Minn. Dec. 31, 2019), the weight of our caselaw—both published and unpublished—applies the clear-and-convincing-evidence burden of proof. *See In re Thulin*, 660 N.W.2d 140, 145 (Minn. App. 2003); *In re Martin*, 527 N.W.2d 170, 172 (Minn. App. 1995); *In re Muntner*, 470 N.W.2d 717, 719 (Minn. App. 1991), *review denied* (Minn. Aug. 2, 1991); *In re Civil Commitment of Russell*, No. A18-0833, 2018 WL 6595910, at *4 (Minn. App. Dec. 17, 2018), *In re Tefera*, No. A10-1770, 2011 WL 781353, at *2 (Minn. App. Mar. 8, 2011), *review denied* (Minn. May 17, 2011).

Id. After considering these factors, the district court may authorize treatment with neuroleptic medication if a reasonable person in the patient’s position would consent to the treatment. *Id.*, subd. 8(e).

Here, nothing in the record indicates that Breault clearly stated her wishes regarding neuroleptic medication when she was able to make a reasoned decision. Accordingly, the district court considered the four statutory factors. The district court found that Breault’s “mental illness has not sufficiently responded to efforts in the use of other less intrusive forms of treatment” and that it was anticipated “with reasonable medical certainty” that she would respond favorably to treatment with neuroleptic medication. As a result, the district court found that “[t]aking into consideration [Breault’s] known family, community, moral, religious, and social values, the medical risks, benefits, and alternatives to such treatment, the past efficacy and any extenuating circumstances of past use of neuroleptic medication, and all other relevant factors, a reasonable person would consent to the administration of neuroleptic medication.” This finding is not clearly erroneous.

Beginning with the first factor—involving a person’s family, religious, community, and moral values—the record does not contain specific information about Breault’s values. But we observe that this is largely attributable to Breault’s lack of participation—whether due to an inability to engage in the court’s evaluation process or a desire not to do so—including her unwillingness to speak with any of the court-appointed medical examiners. Further, Breault herself contends in her arguments to this court that she is either taking the medication or willing to take it voluntarily. This proposition undercuts any argument that

Breault may have a moral opposition to neuroleptic medication. Accordingly, this factor does not weigh against the district court's finding.

Turning to the next contested factor—past treatment with neuroleptic medication—the *Jarvis* examiner testified that he presumed Breault had been prescribed medication in the past, but that his statement was a presumption. But he also testified that, in the records he was able to review, he did not see any evidence of a negative reaction to neuroleptic medication. This absence of any information indicating a prior negative response to neuroleptic medication again supports the district court's finding that a reasonable person would consent to treatment with neuroleptic medication.

Regarding the final factor—any other relevant factors—the district court's order did not identify what other relevant factors it specifically considered. But the record contains other factors that support the district court's finding. Those factors include the examiner's testimony that Breault's mental illness had not responded to other less-intrusive treatment options and his opinion that Breault would respond favorably to neuroleptic medication with few, if any, negative side effects. Again, this factor supports the district court's conclusion.

Still, Breault argues that the district court did not have enough information to make a finding on each factor and to narrowly tailor its order to her case. But we do not read the statute as requiring the district court to make a specific finding on each of the four identified factors. Rather, the statute states that the district court's "decision must be based on what a reasonable person would do, *taking into consideration*" the four factors outlined in the statute. Minn. Stat. § 253B.092, subd. 7(c) (emphasis added). We read this language as

requiring a district court to consider the totality of the circumstances, including the four specific factors, and then ultimately find what a reasonable person would do. Here, the district court did just that. And after considering each factor, it determined that a reasonable person would consent to treatment with neuroleptic medication. Because that finding is not clearly erroneous, we affirm.¹²

D E C I S I O N

In sum, we conclude that a patient’s recent, inconsistent compliance with taking prescribed neuroleptic medication as treatment for a mental illness provides a district court with a sufficient basis to conclude that the patient “refuses to consent to treatment with neuroleptic medications” under Minnesota Statutes section 253B.092, subdivision 8(a). Here, the district court determined that, at best, Breault inconsistently accepted neuroleptic medication. And the district court’s finding that a reasonable person in Breault’s position would consent to neuroleptic medication is not clearly erroneous. Accordingly, the district court properly authorized the involuntary administration of neuroleptic medication.

Affirmed.

¹² We note that in cases where the patient participates in the proceedings, we expect the district court to make more robust findings. But in cases like this one where the patient does not or cannot cooperate with examiners, testify, provide any information to the court, and participate in the proceeding in any way, the district court does not err by relying on the information presented to it, if that information is sufficient to make a finding.